

APPENDIX C

Glossary of General Terms

GLOSSARY OF GENERAL TERMS
for
Nebraska Behavioral Health System (NBHS)
(Services funded through the Office and the Regions)

NOTE: All consumers referred to outpatient community behavioral health services in Nebraska MUST be medically and psychiatrically stable prior to admission.

Substance Use -- The taking of any substance whether alcohol, drugs and/or tobacco; includes both legal and illegal substances.

Substance Abuse – A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. The criterion does not include tolerance, withdrawal, or a pattern of compulsive use.

Substance Dependent (CD) – A maladaptive pattern of repeated substance use that usually results in tolerance, withdrawal, and compulsive substance-taking behavior. The essential feature of dependence is a cluster of cognitive, behavioral, and physiological symptoms indicating continued use despite significant substance-related problems. Term used interchangeably with chemical dependence.

Severe Emotional Disturbance (SED) -- Serious Emotional Disturbance is an Axis I diagnosable mental disorder in children and adolescents that is persistent and results in functional impairment in two or more life domains.

Mental Illness (MI) – Persons with mental illness have a normal range of intelligence, but also have a brain disease. The most common brain diseases fall within the category of major mental illness and are sometimes referred to as severe and persistent mental illness (SPMI). The diagnoses for SPMI include schizophrenia or schizoaffective, bi-polar, and major depression. These diseases are controllable within limitations, but not curable.

Developmental Disability (DD) – A person with a developmental disability has an Intelligence Quotient (IQ) of 69 or lower, is considered mentally retarded (MR). The intelligence level does not change during the person's lifetime. The service system serving persons with a developmental disability is often referred to as the "DD" system. Adults or children with development disabilities are **NOT** considered mentally ill.

Dual Disorder – An *adult* with a primary severe and persistent mental illness **AND** a primary substance dependency disorder. An *adolescent* with a primary serious emotional disturbance **AND** a primary substance dependency (or diagnosed entrenched dependency pattern).

Dual Disorder Residential Treatment – Dual Disorder services provide primary integrated treatment simultaneously to persons with an Axis I substance dependency **AND** an Axis I major mental illness. Clients served exhibit more unstable or disabling co-occurring substance dependence and serious and persistent mental illness disorders. The typical client is unstable or disabled to such a degree that specific psychiatric and mental health support, monitoring and accommodation are necessary in order to participate in addictions treatment. Providers of Dual Disorder Treatment programs demonstrate a philosophy of integrate treatment in treatment plans, program plans, staffing, and services provided. Both disorders are treated as equally primary. Appropriate licensed and certified staff including staff with addiction certification is required to provide treatment.

Dual Enhanced Non-Residential Treatment – A service for persons whose mental illness or substance disorder is less active than the primary diagnosis. Providers of these treatment services may elect to enhance their primary service to address the client’s other relatively stable diagnostic or sub-diagnostic co-occurring disorder. The primary focus of such programs is mental health or addictions treatment rather than dual diagnosis concerns and is not a integrated dual disorder residential treatment.

Committed or Court Ordered – When the Mental Health Board (adults) or a Judge (adolescents) upon recommendation from an appropriately licensed or certified professional finds that the individual has a mental illness and is dangerous, **OR** has a substance dependency and is dangerous, they will **commit or court order** to involuntary treatment. A person under *committed or court ordered* (involuntary) status must comply with the commitment or court order, no matter where they are committed or ordered to inpatient or a community based provider).

Admitted – A person can be *admitted* to any service whether that admission is voluntary, or involuntary through a commitment. Persons admitted to a service are determined to meet admission criteria to ensure the service is appropriate to meet their specific needs.

Voluntary – The ability of any person to chose a service they would like to participate in.

Involuntary – A person is placed in a service and loses certain rights until the involuntary order is lifted.

Division of Behavioral Health – A division within the Department of Health and Human Services that oversees the administration of services for mental health, substance abuse, and gambling. This includes (1) community based services under the management of the Division of Behavioral Health Services and (2) state operated services provided at the State Regional Centers.

NBHS – Nebraska Behavioral Health System is the publicly funded community based mental health, substance abuse service system in Nebraska administered by the Division of Behavioral Health Services with funding going through the Mental Health and Substance Abuse Regions to provider networks.

Regional Governing Boards – The public mental health and substance abuse community service system is divided into six geographic regions. A county commissioner from each county in the region serves on a governing board to plan, develop, and implement services, and hires staff to fulfill the administrative duties. Region 1 includes 11 counties with the Regional Office in Scottsbluff. Region 2 includes 17 counties with the Regional Office in North Platte. Region 3 includes 22 counties with the Regional Office in Kearney. Region 4 includes 22 counties with the Regional Office in Norfolk. Region 5 includes 16 counties with the Regional Office in Lincoln. Region 6 includes 6 counties with the Regional Office in Omaha.

CPC – Civil Protective Custody. An involuntary hold that law enforcement can use to hold an intoxicated adult (age 19 and over) for 24 hours in a social detoxification facility with the capability of locking the doors.

EPC – Emergency Protective Custody. An involuntary hold that law enforcement can use to hold an adult (age 19 and over) they determine to be mentally ill and dangerous, or substance dependent and dangerous.

Crisis Center -- Once an involuntary hold is placed on an adult, the holding facility has 72 hours to have a licensed professional forward an evaluation to the county attorney to determine if the person is

mentally ill or substance dependent. Crisis centers are medical facilities that are funded through the Regions to serve adults with a mental illness and/or substance abuse crisis in the counties of that region as part of the commitment process.

Mental Health Board -- If the evaluation at a Crisis Center finds that there is a mental illness and/or chemical dependency and the County Attorney agrees, a Mental Health Board hearing is set for adults within seven days of the EPC hold to have a neutral board of three individuals determine if there is mental illness, or substance dependency and if there is dangerousness.

Regional Center – A state operated 24-hour psychiatric facility for persons with mental illness. The state currently operates two Regional Centers: Lincoln Regional Center and Norfolk Regional Center. Within the NBHS, the Regional Centers provide inpatient and secure residential services for adults of the state. Hastings Regional Center is now primarily a SubAcute (40) bed residential facility serving all regions and has an adolescent alcohol/drug treatment program for male youth referred from YRTC-Kearney. Lincoln Regional Center primarily serves residents from Region 5. Norfolk Regional Center primarily serves residents from all regions.

Medicaid – Federal and State funding available to persons who meet Medicaid eligibility criteria: children, adults with children who meet poverty guidelines, certain adults with a disability, and the elderly. Medicaid is a financing system, not a service system.

Personality Disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

- Antisocial personality disorder represents a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood. Deceit and manipulation are central features.

There is also a failure to conform to social norms with respect to lawful behaviors, impulsivity, irritability and aggressiveness, reckless disregard for the safety of others, consistent irresponsibility and a lack of remorse for their actions.

- Schizotypal personality disorder is a pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as cognitive or perceptual distortions and eccentricities of behavior, beginning in early adulthood. Individuals with schizotypal personality disorder often have ideas of reference, odd beliefs, odd thinking, suspiciousness, odd behavior, lack of close friends, and excessive social anxiety.

Paraphilias feature recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors, generally involving non-human objects, suffering or humiliation of oneself or one's partner, children, or other non-consenting persons, that occurs over a period of at least 6 months.